



## REQUEST FOR PAYMENT FOR QUALIFIED INTERPRETER

COUNTY OF: \_\_\_\_\_

DATE SERVICES RENDERED: \_\_\_\_\_

CLASSIFICATION: ☐ Certified ☐ Otherwise Qualified ☐ Affidavit

LANGUAGE ACCESS NEEDS:

☐ Sign Language/ASL ☐ Other

☐ Non-English Speaking \_\_\_\_\_

Court Type	Case Number	Start Time	AM/ PM	End Time	AM/ PM	Interpreting Time	Judge Signature	Judge Code
	Other Approved Interpreting Activities						Clerk Signature	
TOTAL ACTUAL INTERPRETING TIME:								

\* If more space is needed please use the second page.

Pursuant to S.C. Code Ann. §§ 15-27-15, 15-27-155, or 17-1-50 (2010), claim is hereby made for compensation of the services of a qualified interpreter who has been approved by the court.

<input type="text"/>	at \$	<input type="text"/>	= \$	<input type="text"/>
Hours		Rate per hour		

<input type="text"/>	Miles	<input type="text"/>	To	<input type="text"/>	at _____ =	<input type="text"/>
		Starting Address		Ending Address		

<input type="text"/>	Miles	<input type="text"/>	To	<input type="text"/>	at _____ =	<input type="text"/>
		Starting Address		Ending Address		

<input type="text"/>	Miles	<input type="text"/>	To	<input type="text"/>	at _____ =	<input type="text"/>
		Starting Address		Ending Address		

TOTAL \$

I hereby certify that this is a true and correct statement of my mileage and services rendered for interpreting (at applicable rate) the court proceeding(s) to a deaf or non-English speaker person who is a juror or a party to the proceeding or a witness therein.

X	<input type="text"/>	<input type="text"/>
	Signature of Interpreter	Printed Name of Interpreter

I am (check one): ☐ Government Employee ☐ Privately Employed

(State employees attest by their signature that they did not perform these services as part of their normal duties or on State time.)

Check will be made payable and mailed to the individual or firm listed below. Last 4 digits of social security or F.E.I. number must be included. For new interpreters, please visit <https://procurement.sc.gov/doing-biz> to register.

NAME:	<input type="text"/>	ADDRESS:	<input type="text"/>
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TELEPHONE #:	<input type="text"/>	LAST FOUR DIGITS OF S.S # (ONLY) OR F.E.I. #:	<input type="text"/>
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**SOUTH CAROLINA  
JUDICIAL BRANCH**

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Select one								
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